

The BRADLEY CASE

The Bradley Case

I. Study of the Family - April 1969

A. Family Composition:

NAME	Sex	Age	Occup.	Income	Education	Ethnic Group	Religion	Race
1. Mrs. Jane Bradley	F	38	~	~	uk.	white	Catholic	M
2. Daniel Bradley	M	15	student	~	9 th grade	white	Catholic	So
3. Mrs. Margaret Klick	P	64	~	~	12 th grade	white	Catholic	M

Address: 1969 Year Ave., Bronx, N.Y.

MARITAL STATUS: Mrs. Bradley has never been married. She had two children out-of-wedlock and a miscarriage.

Financial Status: The family has been receiving public assistance in the Aid to Dependent Children (for 2 persons) for over a year.

How were they funded?
probably
welfare.

Other in Household: Mrs. Klick, the maternal grandmother, has been coming to stay at the Bradley home for the last year. She sometimes sleeps at another daughter's home.

B. Presenting Request: The case was referred

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to the Bureau of Child Welfare by Dr. Wheeler, Daniel's psychiatrist on 11-5-68 by letter. It was Dr. Wheeler's opinion that Daniel was in need of placement as he was having serious personality problems and was functioning extremely poorly in his home due in part also to his mother's personal problems. He felt, at the time, that some sort of group residence was the best answer, but that neither hospitalization nor a state training school would be suitable for Daniel. He had begun to stay away from home, even for several days.

The case was accepted on 11-8-68 for a field unit follow-up on an emergency basis. The study begun was interrupted in mid December due to staffing difficulties and casework service was not available again until 2-4-69 when the case was assigned to the present worker.

C. Description of Client:

Daniel is a tall, strong boy of 15 years. (born on 6-4-53). His face has many blackheads and he has a large, broad forehead. His dirty blond hair is long, in the fashion of the Hippies, and he walks firmly. His speech is sometimes mumbled, but he can be understood. He dresses casually, sometimes wearing his girl friend's braids.

Excellent descriptions
(answers, in already
depressed!)

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on the belt loops. His vocabulary is simple with much of the hippie jargon. His intelligence is in the dull-normal range.

Mrs. Bradley is a tall, robust woman of 38 years (born on 3-5-31) with brown hair. She wears a brace on her left leg and her left arm is paralyzed, both as a result of a stroke suffered in July 1961. Her speech is mumbled and very difficult to understand (this problem is also directly related to the stroke). She has a simple comprehensible vocabulary. She seems to be of borderline intelligence. At home she wears dusties and she smokes quite heavily and drinks black coffee almost continuously. She often forgets things, names, dates, etc.

for what? Mrs. Klick is a white haired depressed looking woman of 64 years, who sits all day in a wheelchair feeling that a stroke that she suffered two years ago was some sort of punishment to her. She wears a cotton bathrobe most of the time. She is completely paralyzed from the waist down and her left arm is also paralyzed. Her speech is very, very difficult to understand, again because of the effects of the stroke. She cries often and easily. She also smokes continually and is a heavy coffee drinker.

D. Current Reality Situation:

1. Living Conditions:

The building and neighborhood where the family lives seems to be of good quality. The area is clean. The apt. is kept conspicuously clean and it is composed of a bedroom, living room, kitchen and bathroom. Edward sleeps in the living room in a couch. The furniture is good, but the facilities of the apt. are not adequate for three persons.

2. Family Relationships:

As I have observed the family relationships they are very poor. There has been verbal as well as physical aggression between Daniel and Mrs. Bradley. The mother has no control whatsoever over Daniel, he comes and goes as he pleases and her authority is not respected by him. The grandmother has complained that Daniel teases her, thus giving rise to questions of the kind of relationship that exists between Daniel and his M. G. M. The relationship between the mother and grandmother seems to be good, although the mother seems to feel that the grandmother has been "dumped" on her. The son has claimed that the mother does not take an interest in his hobbies and interests.

3. Cultural and Religious Factors: These seem to be only somewhat important in this family. Mrs B. likes to have a very clean house and she has her own attitudes about dating, manner of dress, etc. She makes certain demands on Daniel which upset him and create clashes between them due to differences of opinion, some based on the generation influenced ideas. Although there is no one in the family who possesses strong interest in religion, this factor is causing problems as Daniel's girl friend is Jewish and the family is Catholic.

What are these demands from a mother who doesn't as being no experience with Daniel?

4. Health of Family Members

Daniel has been a boy with physical and emotional problems. He was born with a congenital heart malformation which required two operations to be corrected. He had the first operation at Johns Hospital in April, 1961 and the second one in May 3, 1967, this one being a major heart operation which corrected the condition permanently.

In April 1962, an aunt who was taking care of him, brought Edward to the Mental Hygiene Clinic of Johns Hospital reporting that Daniel was still suffering from enuresis and was also wetting during the day, masturbating and wanting to lift women's skirt and feel women's breast. She said that in 1959 he had

tried to set fire to a sofa at her home. He was also reported to have pushed, kicked and tried to choke other children. In late 1962 he was sent to Rocksea State Hospital until October, 1963. Daniel was sent because his mother could not care for him due to her paralysis and other health problems, and because no one could manage Danny due to his increasingly destructive behavior and "paranoid" feelings. These problems had increased after the 1961 heart operation.

Daniel began to be seen regularly at the Johns Hospital Mental Health Clinic in 1965. In March, 1966 Dr. Wheeler became his psychiatrist, seen him every three weeks.

Dr. Wheeler states that Daniel is a child with severe ego defects, prefacing that term to childhood schizophrenia. He says that Daniel that he has no sense of identity and that Daniel uses glue and his girl friend to obtain a feeling of identity. He also states that Daniel is a sick adolescent who tries to play the part of a normal adolescent. Dr. W. prescribed pills that Danny should take once a day so as to help him control his impulsivity.

Mrs. Bradley is a woman with a history of physical and mental problems. On June 2, 1962

Does
he take
them?

related to
Daniel's
disability?

Are these
attacks
related to
disability?

she had a stroke that left her with a hemiparesis of the left side. Presently she suffers from attacks which are precipitated by arguments or overexertion. Under these, which last a couple of minutes, she faints and her left arm trembles. Her son, Daniel, or someone must put a spoon handle on top of her tongue to keep it from curling back. After the attack is over, she is left very tired. Prior to my contacts she was only going to the Hospital to have a prescription refilled, now she is ben-touched for the attacks also.

Mrs. Klick is also a person with physical and mental problems. She suffered a stroke in 1966 that left her paralyzed from the waist down; this had a depressive effect on her as she claims she used to be very active and she no longer can be so. Because of this she feels depressed and cries easily. Because most of my work has been with the crisis of running away by Daniel, I have not reploded the whole problem about Mrs. Klick.

Does she
have
medical
attention?

Does she
occasionally visit &
she has not an
insurance on Daniel's
relating every year
not that

all of
her problems.

School Functioning of Edward:

Daniel has had a tragic schooling, going from to other and in home instruction. He began at a high school in September 1968, after having

being in home instruction. His adjustment was very poor and he was frequently absent and getting into fights with teachers and pupils. Consequently on 2-27-69 he was suspended and the school officials requested that I work out something for Daniel as they were convinced he could not adjust to a public school.

what did they suggest?

6. Social Activities:

Daniel considers himself to be a Hippie and a psychedelic musician. Consequently his friends are those that like drugs, free love and psychedelic sounds and art. He plays, he claims, the lead guitar in a band and he enjoys listening to records, especially the ones by The Beatles (his "idols"). When ever he is not doing any of this he is with the "T.V. man" - a neighbor and friend of Danny.

is there a valuable relationship between the "T.V. man" and the "T.V. man"?

He is 59 years old and they share many things in common interests. Edwards' relationship to his clique has been diluted by his girl friend and now he does not use drugs as often.

Can the mother see these positive in the act?

7. Family Background (History).

Mrs. Bradley seems to have had a poor relationship with the mother in childhood, from our interviews, I infer that she has been resentful of her only sister because she felt that

mother gave more attention to her sister than to Mrs. Bradley.

Mrs. Bradley gave birth to a girl before Danny was born and was successful in arranging her adoption. When unable to arrange adoption for Daniel she decided to keep him because of his heart condition. She also had a miscarriage in 1960. All three were of different fathers and out-of-wedlock. Her last paramour was a man of 60 years whom she met while working in his restaurant. He died in February 1967. Eddie's natural father, Mr. John Clay, died in 1958.

Mrs. Bradley has made usage of her family in bringing up Daniel. The great-grandmother took care of Daniel for the first 6 years, except the very first five months when Danny was in foster care. An aunt took care of Eddie up to the age of 8. After that Danny was with Mrs. Bradley.

V. Casework Contact:

I began my contacts with the family on 2-4-69 and after that I have had personal and collateral contacts on February 13, 18, 25(a), 25(5), March 4, 7 and 11 (3) also on 19 (3). I have made use of the techniques of ventilation,

support, reassurance, logical discussion, clarification, etc. The principles of acceptance, non judgemental attitude, confidentiality, etc have always been used.

I had begun working on the last presenting request, which was that the family wanted to see if the problem could be handled at the home instead of placing Edward away, but since his behavior deteriorated to the degree that he ran away for 3 days it was necessary to work on the original request.

why +
where did
he run
at this
time

The PIN 5 (Return in suit) of superseding petition was filed on 3-14-69 at Family Court - juvenile Term by Mr Bradley since Edward had run away on 3-5-69 and returned three days later. A hearing took place on 3-19-69, in which I was present, and the judge decided to allow Edward to return to his home instead of staying at Youth House until the child got psychological and psychiatric testing.

On 3-24-69 he ran away again. I am presently working in conjunction with his Probation Officer so as most probably place him or send him to a Mental State Hospital if the testing shows the need for it.

you present a picture of many pressures
in a fragile ego (pressures both from
the environment & from his own forces).
there are the release areas of,
no pressure (just find - i' m')

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II Psychosocial Diagnosis

My diagnosis of Daniel is that he is a boy with an extremely deficient ego whose reality testing, impulse control and judgement are very poor. He has been under much pressure from his mother because of her disorders in him and under pressure from school which not having the ability to do the work. The history shows a child with no sense of identity, poor thought processes, prone to fantasy and perhaps still suffering from unresolved hostility and poor attachments to his mother. Much of his hostility is apparently due to the fact that the person who was the father figure died in early 1901, thus leaving him lost the one person who provided a strong masculine model and apparently helped him exert control.

I would classify Daniel as being a youngster with an explosive personality (epileptoid personality disorder) because his behavior pattern has been characterized by gross outbursts of rage with verbal and physical aggressiveness. There have been intense and Daniel has not been able to control them, feeling regretful and repentant of this outbursts after he has gone through them.

It is recognizing that the illness presented by Dr W

gets
an other
series of
presents
where

is very helpful for his impulse control, but that, when
he does not take them he loses control and gets
into trouble.

The interaction at some aspects Daniel. Because he
must meet the demands made by his mother, they
get into arguments and fights over what Daniel
should do and what he wants to do. Both persons
are limited in what they can do, Mrs B is
more especially limited both physically and
mentally, Daniel is more emotionally limited.

In considering the etiology of the problems
we must look at the medical and the psychological
history as well of both persons. Realizing
that organic factors are influencing the mental
state of both persons and also is evident
that the particular life experiences suffered
by both persons are affecting their
present problems.

The clinical diagnosis of Daniel is
of Childhood Schizophrenia (made in 1965).
Electroencephalograms given to him has shown
evidence of diffuse brain damage probably caused
by chronic anoxia apparently due to congenital
heart malformation.

The clinical diagnosis of Mrs Bradley is that
Chronic Schizophrenia (made in 1961). She was
found to be capable of bizarre thinking and feeling

insight into her own behavior and that of other people. It was also found that she had a primitive and regressed mentality.

mother doesn't bring on second intervention or diagnosis in a way.
 Dynamically we see then that there are two "psychotic" persons interacting. The mother presently seems to be more normal but still the two persons are somewhat sick. A family with a history of poor relationships between themselves, a family with poor ego, borderline and aggressive qualities and characteristics. A child with several immaturities and most probably still suffering from unresolved problems of the oral and anal and phallic stages. A mother with poor ability as an acculturated and poor thought process, unasserted hostility towards her mother and suffering from anxiety - that is a picture of these two persons.

III. Problems for Treatment.

The problems that I have identified with Mrs. Bradley's involvement and Daniel's are these.

1. Daniel's behavior and interaction at home
2. household help for Mrs. Bradley and Mrs. Klick
3. Medical care for Mrs. Bradley and also for Mrs. Klick

what do
you think
I would
have
happened
if he did
run away?

I was working with them to see if Daniel could make some adjustment at home that would not require his placement, but since he ran away after the judge ordered him to stay in his home, I must now work towards placing Daniel, of course this is in connection with his Probation Officer. Most probably it will have to be a mental institution, at least temporarily, until he gets settled and can be placed in some form of adequate residential center.

In relation to the household help - I have contacted our public assistance worker and I have sent him a request for the services. These were granted by so far we have not been able to obtain the person to work at the home only two hours every other day. Most probably the request may be changed for eight hours a day, since now Mrs. B. does not have anyone to help her at home.

In relation to the medical services for Mrs. B. I am in contact with Johns Hospital as well as giving encouragement and other necessary help to get better treatment on her as Mrs. B. likes.

In the process of working towards alleviating their problem I have made extensive use

of collaterals in other placements.

Using the Rippel and Abraham classification system I would classify the main problem in this family as an "Interpersonal conflict (overt conflict between two people)".

Although I realize that Daniel has had problems outside the family, it was the ~~overt~~ relationship between Mrs. Bradley and Daniel that brought the problem to us and which has put Daniel in the present predicament.

IV. Treatment (Goals):

My main goal should be to enable the clients to achieve a better way of functioning; not only to find a solution to the immediate problem, but my time is limited and I will finish my term within weeks.

Meanwhile I will make one of my goals to help Mrs. B. with the ambivalence she has about placing Daniel. To do this I will use ventilation, information giving, logical discussion, reassurance and encouragement as my main techniques.

With Daniel I will work to help him accept the need for his placement and in doing this I will use the technique of

yet your focus is not directed to this area. What about the focus of the independent of the individual?

The goals did not really work. The man-ago- I have shift for now. It's not difficult.

demonstrating behavior, reassurance, ventilation and confrontation. (as found in the FSAA pamphlet).

42/ In order to achieve this the method that I will use is environmental manipulation - as I will be seeking a place for Daniel to go to. (as found in the Hamilton book).

Using Hallie's book as frame of reference I will be making use of both environmental manipulation and internal change of clients. I will see if Daniel can make use of reflective consideration and get him to see if he may, after some therapy, control his impulse somewhat better than now.

Is this
a realistic
goal?

Yes/ In any event, working with the ego of these persons is quite a task, since both persons have very defective egos. Most of my work will be supportive ego-construction.

The best I can do will be to make more use of resources in the community to help both persons. i.e. medical facilities, homemaker services, a residential treatment center (or mental hospital), etc.

Yes - to
realistic
in setting
goals?

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(B)

This is a very difficult case. we have a range of casework goals & treatment strategies & techniques as caseworkers - we don't use them all in one case but select them carefully, on the basis of our diagnostic assessment & the problems with which we can be helpful. Consider your cases within this kind of framework -

I am left wondering about B y Amilcar Velez-hope Daniel's run-away - Was he testing in re the earlier set goals? If so he didn't have much opportunity to test for a new goal, which the referring psychiatrist felt were contraindicated, are being instituted. you have a good range of material here & you don't give thought to the assignment. Good luck with Daniel!

By Amilcar Velez-hope

APRIL, 1969

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2nd Assignment